

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1645

BIRTH NO. _____		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 3033		Registrar's No. 414	
1. PLACE OF DEATH a. COUNTY <u>LACIEDE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>WRIGHT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEBANON</u>		c. LENGTH OF STAY (In this place) <u>14 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GROVE SPRINGS</u>		1146	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1113 MAIN ST.</u>				d. STREET ADDRESS (If rural, give location) <u>GROVE SPRINGS, MO.</u>			
3. NAME OF DECEASED (Type or Print) <u>TENNESSEE CAROLIN REED</u>		a. (First) <u>TENNESSEE</u> b. (Middle) <u>CAROLIN</u> c. (Last) <u>REED</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 22 1951</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN. 14, 1859</u>	
9. AGE (In years last birthday) <u>92</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U-S. A.</u>		13a. FATHER'S NAME <u>ANDERSON JONES</u>		13b. MOTHER'S MAIDEN NAME <u>JANE PECKYMAN</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MYRTIE WEAVER</u>		ADDRESS <u>HOME</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis and myocardial degeneration</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4222</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>1-22</u> , 19 <u>51</u> , to <u>JAN. 22</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-22</u> , 19 <u>51</u> , and that death occurred at <u>9:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. E. Hanel</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>106 A. S. Jefferson Lebanon, Mo.</u>		23c. DATE SIGNED <u>JAN. 24-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-26-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LITTLE VINE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>GROVE SPRINGS MO.</u>	
DATE REC'D BY LOCAL REG. <u>1-29-1951</u>		REGISTRAR'S SIGNATURE <u>Helella L. Mayo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BARBER-BATTO FUNERAL HOME</u> ADDRESS <u>MAZEHFIELD, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

FEB 3 1951

Received

Leblede County Health Unit

File No.

2-51-1

Date Filed

FEB 5 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Lee Mason

Licensed Embalmer No.

4568

P. O. Address

Marshall, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.